

# Late Contribution Report

Type or print in ink.  
Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

|   |   |                          |  |                                   |   |
|---|---|--------------------------|--|-----------------------------------|---|
| <b>NAME OF FILER</b><br>Mendoza for Assembly 2010 |   |                          | <b>Date of This Filing</b> 05/05/2010  | Date Stamp<br><br><br>Page 1 of 2 | <b>CALIFORNIA FORM 497</b><br>For Official Use Only |
| <b>AREA CODE/PHONE NUMBER</b><br>(562)427-2100    | <b>I.D. NUMBER</b> (if applicable)<br>1314187 |                          | <b>Report No.</b> 050510-01  |                                   |   |
| <b>STREET ADDRESS</b>                             |   |                          | <input type="checkbox"/> <b>Amendment to Report No.</b> _____<br>(explain below) |                                   |   |
| <b>CITY</b><br>Long Beach                         | <b>STATE</b><br>CA                            | <b>ZIP CODE</b><br>90807 | <b>No. of Pages</b> 2  |                                   |   |

## Late Contribution(s) Received

| DATE RECEIVED | FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE *  | IF AN INDIVIDUAL<br>ENTER OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED |
|---------------|--|---|---|-----------------|
| 05/04/2010    | Greater Anesthesia Service PAC<br>Sacramento, CA 95814<br><br>ID# 760981                         | <input type="checkbox"/> IND<br><input checked="" type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |   | \$1,000.00      |
|               |  | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |   |                 |
|               |  | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |   |                 |

### \*Contributor Codes

IND - Individual  
 COM - Recipient Committee (other than PTY or SCC)  
 OTH - Other

PTY - Political Party  
 SCC - Small Contributor Committee

Reason for Amendment:

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| <b>NAME OF FILER</b><br>Mendoza for Assembly 2010 |   |                          | <b>Date of This Filing</b> 05/05/2010<br><br><b>Report No.</b> 050510-01<br><br><input type="checkbox"/> <b>Amendment to Report No.</b> _____<br>(explain below)<br><br><b>No. of Pages</b> 2 | Date Stamp<br><br><br>Page 2 of 2 | <b>CALIFORNIA FORM 497</b><br>For Official Use Only |
| <b>AREA CODE/PHONE NUMBER</b><br>(562)427-2100    | <b>I.D. NUMBER (if applicable)</b><br>1314187 |                          |   |                                   |   |
| <b>STREET ADDRESS</b>                             |   |                          |   |                                   |   |
| <b>CITY</b><br>Long Beach                         | <b>STATE</b><br>CA                            | <b>ZIP CODE</b><br>90807 |   |                                   |   |

## Late Contribution(s) Made

| DATE MADE | FULL NAME, MAILING ADDRESS AND ZIP CODE OF RECIPIENT<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CANDIDATE AND OFFICE<br>OR<br>MEASURE AND JURISDICTION | AMOUNT OF CONTRIBUTION | DATE OF ELECTION<br>(IF APPLICABLE) |
|-----------|--|--|------------------------|-------------------------------------|
|           |  |  |                        |                                     |
|           |  |  |                        |                                     |
|           |  |  |                        |                                     |
|           |  |  |                        |                                     |
|           |  |  |                        |                                     |

Reason for Amendment: